



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

09/08/2011

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000135145

INSTALLATION NAME: JML OPTICAL INDUSTRIES LLC

**INSTALLATION ADDRESS : 820 LINDEN AVE
ROCHESTER, NY 14625**

**MAILING ADDRESS : 820 LINDEN AVE
ROCHESTER, NY 14625**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: JML OPTICAL INDUSTRIES LLC
or Current Occupant
ATTN: DAVID KOPIN
820 LINDEN AVE
ROCHESTER, NY 14625**

**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

ENVIRONMENTAL PROTECTION
AGENCY, REGION II
2011 AUG -8 PM 3:12
RCRA PROGRAMS
BRANCH

**1. Reason for
Submittal**

MARK ALL
BOX(ES) THAT
APPLY

Reason for Submittal:

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☒ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

**2. Site EPA ID
Number**

EPA ID Number NYR10101131511415

3. Site Name

Name: JML OPTICAL Industries, LLC

**4. Site Location
Information**

Street Address: 820 Linden Ave
City, Town, or Village: Rochester County: Monroe
State: New York Country: USA Zip Code: 14625

5. Site Land Type

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

**6. NAICS Code(s)
for the Site
(at least 5-digit
codes)**

A. 333314 C.
B. D.

**7. Site Mailing
Address**

Street or P.O. Box: 820 Linden Ave
City, Town, or Village: Rochester
State: New York Country: USA Zip Code: 14625

**8. Site Contact
Person**

First Name: David MI: M Last: Kopin
Title: Maintenance Supervisor
Street or P.O. Box: 820 Linden Ave
City, Town or Village: Rochester
State: New York Country: USA Zip Code: 14625
Email: davek@jmloptical.com
Phone: 585-248-8900 Ext.: 132 Fax: 585-248-8924

**9. Legal Owner
and Operator
of the Site**

A. Name of Site's Legal Owner: Ridgecrest Associates Date Became Owner: 03-01-2005
Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other
Street or P.O. Box: 820 Linden Ave
City, Town, or Village: Rochester Phone: 585-248-8900
State: New York Country: USA Zip Code: 14625
B. Name of Site's Operator: JML OPTICAL Industries, LLC Date Became Operator: 07-07-2011
Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Rec 8/10/11 - Called emailed 8/10/11. On 8/12/11 by
Hudson provided name of individual that signed app

10. Type of Regulated Waste Activity (at your site)Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

- A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D 001	D 005	D 006	D 007	D 008	D 035	D 039
D 040	F 003	F 005				

- B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number

N Y R 0 0 0 1 3 5 1 4 5

OMB#: 2050-0024; Expires 11/30/2011

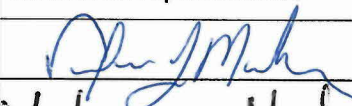
12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Controller	08/03/2011
Valerie Maher		



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

11/16/2005

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NYR000135145
INSTALLATION NAME:	J M L OPTICAL INDUSTRIES INC
INSTALLATION ADDRESS :	820 LINDEN AVE ROCHESTER, NY 14625
MAILING ADDRESS :	820 LINDEN AVE ROCHESTER, NY 14625

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: J M L OPTICAL INDUSTRIES INC
or Current Occupant
ATTN: CHRISTOPHER NICHOLLS
820 LINDEN AVE
ROCHESTER, NY 14625**

2005 OCT 18 AM 11:10

EPA ID NO:

OMB#: 2050-0028 Expires 1/31/2006

11. Description of Hazardous Wastes (See instructions on page 20.)

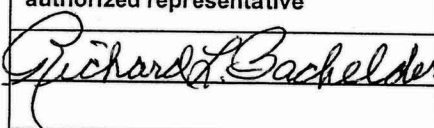
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008	D040	F001	F002	F003	F005	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 20.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 20.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Richard L. Bachelder, VP of Manufacturing	10-12-2005



RCRAInfo NOTIFICATION DATA DISCREPANCY FORM

Information from RCRAInfo

Changed Information ("E" record only)

Facility Name: JLM OPTICAL INDUSTRIES
RCRA ID Number: NYR 000135145
Facility Address: 820 LINDEN AVE.
City: ROCHESTER ST: NY ZIP: 14625
Mailing Address: _____
City: _____ ST: _____ ZIP: _____
Facility Contact: _____ Phone: _____
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LQG/SQG): _____
Other: _____

Facility Name: NEWPORT CORP.
RCRA ID Number: _____
Facility Address: _____
City: _____ ST: _____ ZIP: _____
Mailing Address: _____
City: _____ ST: _____ ZIP: _____
Facility Contact: _____ Phone: _____
Owner/Operator: _____
SIC Code(s): _____
Waste Codes: _____
Generator Status (LQG/SQG): _____
Other: _____

RCRAInfo Data Entry Staff will enter all Notification Data changes provided.

Non-LQG/SQG Generator Status Code (Circle Only One Number)

- | | | | |
|---|---|----|---|
| 1 | Conditionally Exempt Small Quantity Generator (CESQG) | 6 | No longer generates hazardous waste - still in business |
| 2 | Definitionally Excluded Waste | 7 | No longer generate hazardous waste - out of business |
| 3 | Delisted Waste | 8 | Never generated hazardous waste |
| 4 | One-time Hazardous Waste Generator | 9 | RCRA ID number used to transport non-hazardous waste |
| 5 | Periodic Hazardous Waste Generator | 10 | Regulated under other RCRA ID number(s) _____ |

Contact Name: BRUCE W. KNAPP Phone: 518-402-8629 Authorized by: Bruce W. Knapp
Effective Change Date: _____ (Check: _____ Federal or _____ State RCRA Manager)